

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



March 3, 1987

ALL COUNTY LETTER NO. 87-31

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: GRIMESY v. McMAHON RETROACTIVE COURT ORDER

REFERENCES: ACIN NO. I-58-86
ACL NO. 86-71
ACL NO. 87-17
EAS SECTION 44-133.7

The purpose of this letter is to provide you with specific instructions and materials necessary to plan for implementation of the Grimesy Retroactive Court Order. In addition to the regulations which will be issued through normal distribution procedures, copies of the informing poster (TEMP 1694C and TEMP 1694C Spanish), will be sent under a separate cover. Attached are the following materials:

1. A copy of the proposed Emergency Regulations.
2. A reproducible copy of the Supplemental Claim Form (TEMP 1694B and TEMP 1694B Spanish).
3. Address List for County Welfare Departments.

Proposed Emergency Regulations

Attached for your information is a copy of the proposed emergency regulations filed with the Office of Administrative Law (OAL). You will receive an approved version of the emergency regulations through normal distribution procedures upon approval by OAL and filing with the Secretary of State. In the meantime you may use the proposed emergency regulations to plan for your county's April 1, 1987 implementation of the Grimesy v. McMahon retroactive court order.

Payments Stayed Pending Appeal

The Grimesy v. McMahon retroactive court order was appealed by the Department of Health and Human Services (DHHS) on February 20, 1987, and as a consequence retroactive payments were stayed pending appeal. Therefore, counties are instructed to implement the proposed emergency regulations and the instructions listed below only after the proposed emergency regulations have been approved.

Upon notification from the Department of Social Services (DSS) that the emergency regulations have been filed with the Secretary of State:

- a. Implement the emergency regulations except for Sections 50-015.7 and 50-015.8. That is, counties will neither compute interest on retroactive benefits, nor will they issue payments until such time as the stay is lifted.
- b. Issue Provisional Notices, including methods for reporting changes of address, in those cases where class members are eligible for retroactive payments.
- c. Issue Notices of Action in those cases where claimants are not eligible for retroactive payments.
- d. Complete the processing of payments in accordance with 50-015.7 and issue appropriate NOAs within 30 days of notification from DSS that the stay has been lifted.
- e. Maintain appropriate statistical records so that when the stay is lifted the statistical reporting requirements set forth in Section 50-015.8 of the emergency regulations can be completed.

On or about March 15, 1987, you will receive reproducible copies (English and Spanish) of the Grimesy Notices of Action and Provisional Notices with Instructions for completion. Additionally, you will receive a copy of the Statistical Reporting Form and Instructions for its completion.

Fiscal Claiming Instructions

Retroactive payments issued in compliance with the Grimesy v. McMahon court case shall be issued and claimed in accordance with MPP Section 25-740.5. These payments must also be reported on the separate listing as required in All-County Letter (ACL) 84-121, dated November 27, 1984. In addition to the requirements of ACL No. 84-121, the amount of interest included in the payment to each case must also be reported separately on the separate listing; e.g.:


| Case Number | Case Name | Total Amount of Payment, Including Interest | Total Amount of Interest |
|-------------|-----------|---|-----------------------------|
| _____ | _____ | _____ | _____ |

If there should be any questions regarding claiming instructions, please call Ms. Willa Wallen at (916) 322-9288 or ATSS 8-492-9288.

CWD Address List

The attached list of CWD addresses is to be used when forwarding claims which have been initially submitted to the wrong county (see MPP 50-015.52).

If you have any questions regarding the attached materials or the implementation of the Grimesy Order, please contact Michael O'Brien of the AFDC Policy Bureau at (916) 324-2013 or ATSS 8-454-2013.



ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

Adopt new Section 50-015 to read:

50-015 GRIMESY v. McMAHON RETROACTIVE COURT CASE

50-015

.1 Background

The Grimesy v. McMahon lawsuit challenged the state Department of Social Services (hereinafter referred to as "SDSS"), authority to deem the income of senior parents to 18-year-old minor parents living at home and not attending school. On June 24, 1986 the United States District Court for the Northern District of California issued an injunction prohibiting SDSS from further implementation of MPP 44-133.7 (Senior Parent Deeming) and from recovering overpayments due to failure to consider senior parent income, for members of the class. The court also ordered SDSS to confer with plaintiffs' attorneys for the purpose of developing procedures to provide retroactive benefits to class members. On December 22, 1986 the Order for retroactive benefits was issued and the provisions of that Order are set forth in the following regulations.

.2 Definitions

For the purposes of these regulations:

- (a) "Class Member" or "Minor Parent" means an otherwise cash aid eligible 18-year-old person who was pregnant or was living with his/her child and was also living with a senior parent and was not meeting the school attendance requirements of Section 42-101.2, and who had his/her cash aid reduced, denied, or terminated during the retroactive period due to the income of the senior parent.
- (b) "Senior Parent" means the natural or adoptive parent, or legal guardian of a minor parent.
- (c) "Claim Form" means that portion of the SDSS designed informing/claiming notice which must be completed, signed, and returned to the appropriate county welfare department for determination of a claimant's eligibility for retroactive benefits.
- (d) "Supplemental Claim Form" means that SDSS designed claiming document which is to be mailed to and used by the claimant when the claimant's case record is not available, or the information contained in the

claimant's case record is not sufficient to permit the determination of eligibility for retroactive benefits.

(e) "Retroactive Period" means the period of time between January 18, 1985 and June 23, 1986.

.3 Informing Potentially Eligible Persons of the Availability of Retroactive Benefits.

.31 In order to notify potentially eligible persons SDSS shall:

.311 On or before April 1, 1987, send by first class mail an informing/claiming notice printed in both English and Spanish to all persons who were 18 years of age and who received AFDC-linked Medi-Cal benefits between January 1, 1985 and August 31, 1986.

.312 Issue posters printed in both English and Spanish informing the general public of the availability of benefits. The posters shall contain the same language as the informing/claiming notice.

(a) These posters shall be provided to the Employment Development Department, Social Security Offices, and County Welfare Departments (hereinafter referred to as CWD's), for posting throughout the State of California from April 1, 1987 through June 30, 1987. Additional posters will be made available for posting in all legal aid offices in the state.

.313 Provide CWD's with reproducible copies of the English and Spanish informing/claiming notice.

.32 County Responsibilities

.321 The counties identified in Subsection .322 below shall either identify all applications for AFDC which were denied due to Section 44-133.7, or identify all applications which were denied due to excess income between January 18, 1985 and June 23, 1986, and shall mail an informing/claiming notice on or before April 1, 1987 to all such applicants.

.322 The counties responsible for identifying applicants and mailing the specified

informing/claiming notice as set forth in Subsection .321 above are: Alameda, Amador, Calaveras, Contra Costa, Fresno, Kern, Lassen, Los Angeles, Marin, Mendocino, Monterey, Napa, Orange, Placer, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Ventura, and Yolo.

.323 All counties shall post English and Spanish informing posters, supplied by SDOSS, in conspicuous locations in all CWD offices from April 1, 1987 through June 30, 1987.

.324 All counties shall forward a supply of the English and Spanish informing posters, supplied by SDOSS, to all Food Stamp issuance outlets within the county with instructions that the posters be displayed in conspicuous locations from April 1, 1987 through June 30, 1987.

.325 All counties shall reproduce a supply of the English and Spanish informing/claiming notice specified in Subsection .313 and shall give or mail such notices to anyone upon request.

.326 All counties shall designate a person who will be responsible for receiving and processing changes of address for claimants if payment of retroactive benefits is stayed pending appeal of the lawsuit.

.4 Application for Retroactive Benefits

.41 Claimant Responsibilities

.411 The claimant shall complete and sign, under penalty of perjury, the claim form.

(a) A claim form shall be considered complete when the claimant has provided a response to all the questions and has provided a name, address, date of birth and social security number (SSN) or indication that claimant has no SSN.

.412 The claimant shall submit a claim form to the CWD in each county from which cash aid was received, or was denied/discontinued during the month(s) for which retroactive benefits are being claimed.

.413 The claim form must be submitted by June 30, 1987, except as provided in Subsection .414.

(a) Unless the evidence indicates otherwise, the date the claim form is submitted shall be determined as follows:

1. The postmark date of the envelope when the claim is mailed to the CWD; or
2. The date stamped on the claim form by the CWD, when the claim is delivered in person to the CWD; or
3. The date the claim form was signed by the claimant, when the date cannot be determined by either (1) or (2) above.

.414 The claimant shall be permitted to resubmit a previously denied claim or a portion thereof, if the claim has been denied in accordance with Subsection .522 and the date of resubmittal is on or before July 30, 1987 or 30 days from the date of the denial for submission to the wrong CWD, whichever is later.

.42 CWD Responsibilities

.421 The CWD shall stamp each claim form with the date the form was received and shall retain all envelopes that were postmarked after June 30, 1987.

.422 Claims submitted after the date specified in Subsection .413 above shall be denied except as provided in Subsection .414 above.

.423 The CWD shall attempt to locate a case record, including a Medi-Cal case record, for the claimant.

.5 Claim(s) Processing

.51 The CWD shall review each claim form to determine whether claimant may be a member of the class and whether claimant has provided a complete claim form pursuant to Subsection .411.

- .511 If the claimant answered "no" to any of the first five questions on the claim form, claimant is not a member of the class and the county shall deny the claim without further review.
- .512 The CWD shall review the claim form and request further information or clarification if the form is incomplete or the information is internally inconsistent.
- .513 In the event the case record cannot be located or the information contained in the case record is insufficient to confirm or deny class membership as defined in Subsection .2(a), the CWD shall mail a supplemental claim form to the claimant. Where the case record does contain sufficient information, compute retroactive benefits in accordance with subsection .6 below.
- .514 If the supplemental claim form is not returned to the CWD within 60 days of the date mailed to the claimant, the claim shall be denied.
- (a) The date the supplemental claim form is returned to the CWD is determined in accordance with subsection .413(a) above.
- .515 Claimants may be requested to supply documentation of information provided in the supplemental claim form where such documentation is actually in the claimant's possession. Where claimants do not have documentation in their possession they may be asked to sign a release of information enabling the county to obtain documentation on their behalf. Signature for the release of information and the claimant's sworn statement that the information provided is correct, will be sufficient to process a claim for retroactive benefits.
- .516 Where the CWD determines, based on information in the case record or on the supplemental claim form, that the claimant was not eligible for cash aid due to excess income, excess property, or lack of a basis of deprivation for the child during all or part of the retroactive period, the claim shall be denied for those months.
- .517 If the CWD determines that the claimant is not a member of the class, the CWD shall deny the claim.

The CWD shall review all existing records and shall deny the claim if no record can be found that the claimant applied for or received cash aid. This provision applies only when the CWD can certify that a listing of cash aid cases (such as the AFDC payroll or warrant register) was retained in addition to cash aid case records for the month(s) claimed. In addition, this provision can be applied to claimants who were denied cash aid only when the CWD can certify that existing cash aid case records include all denials.

.52 If a CWD receives a claim for any period in which the CWD can determine from the claim form or the case record that the form has been submitted to the wrong county, the CWD shall either:

.521 Forward within 15 working days from the date of receipt the claim form or a copy thereof to the correct CWD, with a copy of the Notice of Action (NOA) sent to the claimant, indicating the claim month to be processed by the second CWD, when the correct CWD can be determined by the information on the claim form or case record. In addition, the CWD shall inform the claimant on a NOA, that for the period in question, his/her claim has been forwarded to the correct CWD for processing.

(a) The date the claim form was submitted to the first CWD, as determined in Subsection .413(a), shall be considered the date of submission to the second CWD.

-or-

.522 Deny that period claimed in which the correct CWD cannot be determined from the information on the claim form. The CWD shall return the claim form or a copy thereof together with the Notice of Action informing the claimant of the denial.

.6 Calculation of Retroactive Benefits

When the case record contains sufficient information or when retroactive benefits are being computed upon the information contained on a supplemental claim form, the CWD shall determine the amount of the retroactive benefits as follows:

.61 In the event that the information on the claim form conflicts with the information contained in the case

record, the CWD shall use the information contained in the case record to determine the amount of retroactive benefits.

.62 For each month of the retroactive period, determine the months in which the claimant would have been eligible if senior parent income had not been considered (See Subsection .516).

.63 For each month determined in Subsection .62 above calculate the correct grant in accordance with Chapter 44-100 (Income) and Section 44-315.4 (Amount of Aid) except:

(a) Senior parent income shall not be deemed to the minor parent;

(b) The value of need items contributed by the senior parent to the minor parent shall not be considered as income in-kind;

(c) If the minor parent received cash from the senior parent with instructions to use the cash to make a purchase for the entire family, including the senior parent unit, the cash shall not be considered income to the minor parent and child(ren) regardless of the nature of the expenditures;

(d) When any person (including the senior parent) gave the minor parent cash which was to be used for the minor parent or child(ren) and the cash was given for a restricted purpose, the cash was not available to otherwise meet current needs and, therefore, shall not be considered income to the minor parent or child(ren);

(e) Cash which was voluntarily and regularly given to the minor parent but was not restricted as to use is considered income to the minor parent only to the extent it exceeds \$60 per calendar quarter.

.64 Determine the amount of cash aid actually received by the claimant and compare it to the correct grant for each month identified in Subsection .62 above.

(a) If the cash aid received is less than the correct grant, the difference is the

retroactive benefit for that month, to be paid in accordance with Subsection .7 below.

(b) If the cash aid received is more than the correct grant, an overpayment exists and shall be balanced against retroactive benefits prior to payment under Subsection .7 below.

(c) If the cash aid received is the same as the correct grant, and an overpayment was previously calculated for that month due to the deeming of senior parent income, the overpayment shall be voided, all recoupment activity shall cease, and any amounts previously recouped shall be considered a retroactive benefit to be paid under Subsection .7 below.

(d) If the cash aid received is the same as the correct grant and no overpayment was previously calculated for that month, claimant is not a class member and the claim shall be denied.

.65 Send an appropriate notice, as specified by SDSS, within 90 days of the close of the claim period.

.7 Computation of the Total Retroactive Payment

.71 The C&D shall use the percentage specified in Subsection .711 to compute the amount of interest on the payable retroactive benefits for each month.

(a) Multiply the amount of the monthly retroactive benefit by the appropriate percentage for the month in which payment is authorized, as set forth in Subsection .711 below.

Example:

(Month of retroactive February 1985 = \$474.00
benefit)

(Interest percentage to
be paid in payment
authorization month) \times June 1987 = \times .2411
Interest Amount = \$114.28

(b) Add the amount of the monthly retroactive benefit to the interest as computed in (a) above to determine the monthly retroactive payment.

Example:

Retroactive Benefit + Interest = Retroactive Payment
\$474 + \$114.28 = \$588.28

(c) Determine the total amount of the retroactive payment by adding together the monthly payments as computed in (b) above.

.711

TABLE FOR COMPUTING INTEREST FOR
MONTHLY RETROACTIVE BENEFITS

| RETROACTIVE BENEFIT MONTH | PAYMENT AUTHORIZATION MONTH | | | | | | |
|------------------------------|-----------------------------|-------------|--------------|--------------|----------------|--------------|-------------|
| | April 1987 | May 1987 | June 1987 | July 1987 | August 1987 | Sept 1987 | Oct 1987 |
| January 85 | .2329 | .2414 | .2496 | .2581 | .2666 | .2748 | .2833 |
| February 85 | .2244 | .2329 | .2411 | .2496 | .2581 | .2663 | .2748 |
| March 85 | .2167 | .2252 | .2334 | .2419 | .2504 | .2586 | .2671 |
| April 85 | .2082 | .2167 | .2249 | .2334 | .2419 | .2501 | .2586 |
| May 85 | .2000 | .2085 | .2167 | .2252 | .2337 | .2419 | .2504 |
| June 85 | .1915 | .2000 | .2082 | .2167 | .2252 | .2334 | .2419 |
| July 85 | .1833 | .1918 | .2000 | .2085 | .2170 | .2252 | .2337 |
| August 85 | .1748 | .1833 | .1915 | .2000 | .2085 | .2167 | .2252 |
| September 85 | .1663 | .1748 | .1830 | .1915 | .2000 | .2082 | .2167 |
| October 85 | .1581 | .1666 | .1748 | .1833 | .1918 | .2000 | .2085 |
| November 85 | .1496 | .1581 | .1663 | .1748 | .1833 | .1915 | .2000 |
| December 85 | .1414 | .1499 | .1581 | .1666 | .1751 | .1833 | .1918 |
| January 86 | .1329 | .1414 | .1496 | .1581 | .1666 | .1748 | .1833 |
| February 86 | .1244 | .1329 | .1411 | .1496 | .1581 | .1663 | .1748 |
| March 86 | .1167 | .1252 | .1334 | .1419 | .1504 | .1586 | .1671 |
| April 86 | .1082 | .1167 | .1249 | .1334 | .1419 | .1501 | .1586 |
| May 86 | .1000 | .1085 | .1167 | .1252 | .1337 | .1419 | .1504 |
| June 86 | .0915 | .1000 | .1082 | .1167 | .1252 | .1334 | .1419 |

-8 Statistical Reporting

-81 The CWD shall submit to SNSS a statistical report no later than October 15, 1987, containing the following information:

- (a) The number of claims paid;
- (b) The number of Supplemental Claim Forms sent out;
- (c) The number of claims received;
- (d) The total amount of money paid to reimburse class members;
- (e) The number of claims paid based solely on information in the case file; and
- (f) The number of claims paid based on information provided by Supplemental Claim Forms.

Authority Cited: Welfare and Institutions Code Sections 10553, 10554, 10604.

Reference: Welfare and Institutions Code Sections 10553, 10554, 10604, and Order RE: Retroactive Benefits issued by the United States District Court for the Northern District of California on December 22, 1986 in the case of Grimesy v. McMahon (No. CB60947SW).

SUPPLEMENTAL CLAIM FORM**GRIMESY V. McMAHON****TO BE COMPLETED BY COUNTY ONLY**

NAME:

AFDC CASE NO.:

ADDRESS NOW:

To meet the deadline, you must give us this form by _____. If you are late, you will be denied.

1. ADDRESS FOR CLAIM MONTHS:

| |
|--|
| |
| |

2. Show all persons who lived with you in the months you are asking for back payments.

| NAME | RELATIONSHIP TO YOU |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |

3. In the months you are asking for back payments, did you ever have more than \$1,000 total property? (Money in the bank, real, or personal property, etc.)?

☐ YES ☐ NO

a. If "YES", when? _____

| |
|--|
| |
| |
| |
| |
| |
| |

4. In the months you are asking for back payments, did you own a car?

☐ YES ☐ NO

a. If "YES",

| YEAR | MAKE | VALUE THEN | AMOUNT OWED ON CAR THEN |
|------|------|------------|-------------------------|
| | | \$ | \$ |
| | | \$ | \$ |

5. In the months you are asking for back payments, did you have any other income? (Earnings, cash gifts, social security, etc.)?

☐ YES ☐ NO

a. If "YES", when and how much?

| |
|--|
| |
| |
| |
| |

I declare under penalty of perjury under the laws of the State of California that the facts in this report are true and correct to the best of my knowledge and the report is complete.

SIGNATURE:

DATE:

RETURN TO:

FORMA SUPLEMENTAL DE RECLAMACIÓN

GRIMESY vs. McMAHON

PARA SER COMPLETADA SOLAMENTE POR EL CONDADO

NAME: _____

AFDC CASE NO.: _____

ADDRESS NOW: _____

Para cumplir con la fecha límite, debe entregarnos esta forma a más tardar el _____.

Si la entrega después de esta fecha, no se le aceptará.

1. DIRECCIÓN DURANTE LOS MESES RECLAMADOS:

| |
|--|
| |
| |

2. Anote los nombres de todas las personas que vivían con usted en los meses para los cuales está solicitando pagos retroactivos.

| NOMBRE | PARENTESCO CON USTED |
|--------|----------------------|
| | |
| | |
| | |
| | |
| | |

3. ¿Tuvo usted propiedad con un total en exceso de \$1,000 dólares durante los meses para los cuales está solicitando pagos retroactivos? (Dinero en el banco, bienes raíces, propiedad personal, etc.)

☐ SÍ ☐ NO

a. Si la respuesta es "SÍ", ¿cuándo? _____

| |
|--|
| |
| |
| |
| |
| |
| |

4. ¿Era usted dueño(a) de un automóvil en los meses para los cuales está solicitando pagos retroactivos?

☐ SÍ ☐ NO

a. Si la respuesta es "SÍ",

| AÑO | MARCA | VALOR QUE TENÍA | CANTIDAD QUE DEBÍA |
|-----|-------|-----------------|--------------------|
| | | \$ | \$ |
| | | \$ | \$ |

5. ¿Tuvo usted otros ingresos durante los meses para los cuales está solicitando pagos retroactivos? (Ingresos ganados, regalos en efectivo, seguro social, etc.)

☐ SÍ ☐ NO

a. Si la respuesta es "SÍ", ¿cuándo y cuánto?

| |
|--|
| |
| |
| |
| |

Declaro bajo pena de perjurio en conformidad con las leyes del Estado de California, que los datos contenidos en este reporte son verdaderos y correctos según mi mejor saber y entender y que el reporte está completo.

FIRMA: _____

FECHA: _____

DEVUÉLVASE A: _____

ADDRESS LIST
COUNTY WELFARE DEPARTMENTS

Alameda County Welfare
Department
401 Broadway
P.O. Box 12941
Oakland, CA 94604
Attention: A057

Del Norte County Welfare Department
981 H Street
Crescent City, CA 95531

Alpine County Department of
Social Services
Laramie at Montgomery Street
P.O. Box 277
Markleeville, CA 96120

El Dorado County Welfare
Department
2929 Grandview Street
P.O. Box 1637
Placerville, CA 95667
Attention: Ron Merrill

Amador County Department of
Social Services
108 Court Street
Jackson, CA 95642

Fresno County Department of
Social Services
4455 East Kings Canyon Road
P.O. Box 1912
Fresno, CA 93750

Butte County Department of
Social Welfare
42 County Center Drive
P.O. Box 1649
Oroville, CA 95965

Glenn County Department of
Social Services
County Office Building
P.O. Box 611
Willows, CA 95988

Calaveras County Department of
Social Welfare
Government Center
San Andreas, CA 95249

Humboldt County Department of
Public Welfare
929 Koster Street
Eureka, CA 95501

County of Colusa
Department of Social Welfare
251 East Webster Street
P.O. Box 370
Colusa, CA 95932

Imperial County Welfare Department
940 Main Street
P.O. Box 930
El Centro, CA 92244

Special Project Unit
Contra Costa County
Social Service Department
P.O. Box 5488
Concord, CA 94524

Inyo County Welfare Department
168 N. Edwards Street
P.O. Drawer A
Independence, CA 93526
Attention: Darlene Landis

Kern County Welfare Department
P.O. Box 511, Annex
Bakersfield, CA 93301

Mendocino County Department of
Social Services
P.O. Box 1060
Ukiah, CA 95482
Attn: Karen Miltenberger

Kings County Department of
Social Services
Government Center
1200 South Drive
Hanford, CA 93230

Merced County Department of
of Human Resources
P.O. Box 112
Merced, CA 95344
Attn: AFDC Intake Supervisor

Lake County Welfare Department
P.O. Box 190
Lakeport, CA 95453

Modoc County Department of
Social Services
205 South East Street
Courthouse Annex
Alturas, CA 96101

Lassen County Welfare Department
P.O. Box 1359
Susanville, CA 96130

Mono County Department of
Social Welfare
P.O. Box 1219
Bridgeport, CA 93546
Attn: Chuck Spresser

County of Los Angeles
Department of Public Social Services
3401 Rio Hondo Avenue
El Monte, CA 91734
Attn: Virginia Maguire

Monterey County Department of
Social Services
P.O. Box 299
Salinas, CA 93912

Madera County Department of
Public Welfare
14143 Road 28
P.O. Box 569
Madera, CA 93637
Attention: Jean Dixon

Napa County Human Services
Delivery System
P.O. Box 329
Napa, CA 94559

Marin County Department of
Health and Human Services
P.O. Box 4160
San Rafael, CA 94903

Nevada County Department of
Public Social Services
P.O. Box 1210
Nevada City, CA 95959

Mariposa County Department of
Social Welfare
P.O. Box 7
Mariposa, CA 95338

Orange County Social
Services Agency
P.O. Box 1957
Santa Ana, CA 92701
Attn: Robynn Vowell

Placer County Welfare Department
11519 B Avenue, East
Auburn, CA 95603
Attention: Mae Smith

San Joaquin Human Services Agency
Drawer F
Stockton, CA 95201

Plumas County Department of
Social Services
P.O. Box 360
Quincy, CA 95971

San Luis Obispo County
Department of Social Services
3220 South Higuera
P.O. Box 8119
San Luis Obispo, CA 93403-8119

Riverside County Department of
Public Social Services
1111 Spruce Street
Riverside, CA 92507

San Mateo County Department of
Social Services
225 - 37th Avenue
San Mateo, CA 94403
Attention: EC 20

Sacramento County Department of
Social Welfare
P.O. Box 487
Sacramento, CA 95803
Attn: Court Order Review
Team, #AK-10

Santa Barbara County Department of
Social Services
117 East Carrillo Street
Santa Barbara, CA 93101
Attention: Ellen Fitzgerald

San Benito County Welfare Department
Welfare Building
419 Fourth Street
Hollister, CA 95023

Santa Clara County Department of
Social Services
55 West Younger Avenue
San Jose, CA 95110
Attention: Harriet Waterbury

San Bernardino County Department of
Public Social Services
P.O. Box 1409
San Bernardino, CA 92401

Santa Cruz County
Human Resources Agency
P.O. Box 1320
Santa Cruz, CA 95061

San Diego County Department of
Social Services
7949 Mission Center Court, W401
San Diego, CA 92108
Attention: Karla Triplett

Shasta County Welfare Department
P.O. Box 6005
Redding, CA 96099

Department of Social Services
City and County of San Francisco
170 Otis Street
P.O. Box 7988 - MOO 1
San Francisco, CA 94120

Sierra County Welfare Department
Courthouse Annex
P.O. Box 1019
Loyalton, CA 96118

Siskiyou County Welfare Department
Courthouse, Room 4
Yreka, CA 96097

Tuolumne County Welfare Department
105 Hospital Road
Sonora, CA 95370

Solano County Public Welfare
Department
355 Tuolumne Street
Vallejo, CA 94590
Attention: Susan Georgian

Ventura County Public Social
Services Agency
3161 Loma Vista Road
Ventura, CA 93009
Attention: Employee Caseload

County of Sonoma Social Services
Department
2550 Paulin Drive
P.O. Box 1539
Santa Rosa, CA 95402

Yolo County Department of
Social Services
120 West Main Street
Woodland, CA 95695

Stanislaus County Welfare
Department
P.O. Box 42
Modesto, CA 95353-9967

Yuba County Welfare Department
935 - 14th Street
Marysville, CA 95901

Sutter County Welfare Department
190 Garden Highway
P.O. Box 1535
Yuba City, CA 95992

Tehama County Department of
Social Welfare
1135 Lincoln Street
P.O. Box W
Red Bluff, CA 96080

Trinity County Welfare Department
P.O. Box 218
Weaverville, CA 96093

Tulare County Department of
Public Social Services
P.O. Box 671
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